

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **23581**  
Registrar's No. **5923**

**AUG 28 1941**

Primary Registration District No. **1009**

1. PLACE OF DEATH:

(a) County **ST. LOUIS**  
(b) City or town **ST. LOUIS**  
(c) Name of hospital or institution: **3968 SULLIVAN**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **50 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **HENRY STRECKERT**

3. (b) If veteran, name war **\*\*\*\*\*** 3. (c) Social Security No. **\*\*\*\*\***

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Martha Bohne Streckert** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **November 4 1862**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **8m** Days **13** If less than one day **hr. min.**

9. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Mail Handler**

11. Industry or business **Terminal Railroad**

12. Name **Unknown**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Elsie Streckert**

(b) Address **3968 Sullivan**

17. (a) **Burial** (b) Date thereof **July 21 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Beiderwieden Funeral Home**

(b) Address **1936 St. Louis Ave**

19. (a) **JUL 19 1941** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **ST. LOUIS**  
(c) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3968 SULLIVAN**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17** year **1941** hour **5** minute **15 p.m.**

21. I hereby certify that I attended the deceased from **May 7 1941** to **July 17 1941**  
that I last saw him alive on **May 16 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis**  
**Arteriosclerotic heart disease**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **[Signature]**

Of autopsy **[Signature]**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

(e) Means of injury

23. Signature **H. H. Feller** (M. D. or other) **D**

Address **2739 N. Grand** Date signed **7-18-41**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**